

DO NOT USE THIS SPACE



➤ **IMPORTANT:** File only one application. Print or type answers to questions. For assistance, call the Revenue Cabinet at (502) 564-3306. For additional information concerning other business license and permit requirements, call Business Information Clearinghouse at 1-800-626-2250 (In KY) or (502) 564-4252 (Outside KY).

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SECTION A		GENERAL INFORMATION (<i>Sections A, E and F must be Completed</i>)							
OWNERSHIP INFORMATION (<i>Must be completed by all applicants.</i>) Check Applicable Box(es)									
1. Ownership Type <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Federal Government <input type="checkbox"/> Other Government <input type="checkbox"/> Association <input type="checkbox"/> Nonprofit <input type="checkbox"/> Fiduciary <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Real Estate Investment Trust <input type="checkbox"/> Other _____	<i>Check which applies to General Partnership, Limited Partnership, LLP or LLC:</i> <input type="checkbox"/> Taxed as Partnership <input type="checkbox"/> Taxed as Corporation <input type="checkbox"/> Taxed as S Corporation <input type="checkbox"/> Disregarded Entity (LLC only) Member(s) Taxed As: _____	2. Check the tax(es) for which registration is applied: <input type="checkbox"/> Employer's Kentucky Withholding (Complete Sections A, B, E and F) <input type="checkbox"/> Sales and Use or <input type="checkbox"/> Consumers Use (Complete Sections A, C, E and F) <input type="checkbox"/> Corporation Income and/or <input type="checkbox"/> Corporation License (Complete Sections A, D, E and F)	3. Check the reason(s) for filing this application: <input type="checkbox"/> A. Opened New Business <input type="checkbox"/> B. Opened New Location of Current Business <input type="checkbox"/> C. Change in Ownership Previous Type _____ <input type="checkbox"/> D. Resumption of Business—Date ____ / ____ / ____ <input type="checkbox"/> E. Voluntarily Registering to Collect Kentucky Use Tax <input type="checkbox"/> F. Other (specify) _____						
		4. Previous Owner's Acct. Nos. WH Sales <hr/> Corp. Inc. Other <hr/> Your Current Acct. Nos. WH Sales <hr/> Corp. Inc. Other							
5. Complete business name and Kentucky location; if none, principal location address. For any additional location(s), use the separate schedule listing the legal business name, address and NAICS code. Legal Business Name _____ Street Address or Route No. _____ City _____ State _____ ZIP Code _____ County _____ Telephone (Include Area Code) _____		6. Federal Employer Identification Number ____ - ____ - ____ - ____ - ____ - ____ 7. Kentucky Unemployment Insurance Number (For information call (502) 564-2272) ____ - ____ - ____ - ____ - ____ - ____ 8. Accounting period <input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal ____ / ____ (Enter date accounting period ends) Mo. Day 9. NAICS Code (see instructions) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Give a brief description of your nature of business in Kentucky. _____ _____							
SECTION B		Complete if applying for an Employer's Withholding Account Number							
1. Total number of persons expected to be employed yearly in Kentucky _____ 2. If you have more than one business location, do you wish to file a consolidated return for all locations or a separate return for each location? <input type="checkbox"/> Separate <input type="checkbox"/> Consolidated 3. Date wages first paid to employees in Kentucky ____ / ____ / ____ Mo. Day Yr. 4. Estimated quarterly withholding \$ _____ 5. Is a payroll service used? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Mailing address for withholding returns Mail to (If business location address is different , or multiple locations exist, attach listing.) _____ Street Address or Post Office Box or Route Number _____ City _____ State _____ ZIP Code _____ County _____ Telephone (Include Area Code) _____							
SECTION C		Complete if applying for a Sales and Use Tax Permit or a Consumer Registration Number							
1. Give the date that sales or purchases of tangible personal property began or will begin in Kentucky. ____ / ____ / ____ Mo. Day Yr. 2. Check accounting method to be used in reporting total receipts. <input type="checkbox"/> Cash <input type="checkbox"/> Accrual 3. If you have more than one business location, do you wish to file a consolidated return for all locations or a separate return for each location? <input type="checkbox"/> Separate <input type="checkbox"/> Consolidated 4. Do you make retail sales of new tires for motor vehicles within Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. If this business was acquired, were business assets purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Estimated Gross Monthly Sales \$ _____		7. Mailing address for sales and use tax returns Mail to (If business location address is different , or multiple locations exist, attach listing.) _____ Street Address or Post Office Box or Route Number _____ City _____ State _____ ZIP Code _____ County _____ Telephone (Include Area Code) _____							

➤ For additional information, check here if you require registration for: ☐ Coal Severance Tax ☐ Cigarette Tax
☐ Minerals or Natural Gas Severance Tax ☐ Motor Fuels Tax ☐ Other

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SECTION D	To be completed by all corporations
<p>1. Date of incorporation _____ / _____ / _____ Mo. Year</p> <p>2. State of incorporation _____</p> <p>3. If not incorporated in Kentucky, date of qualification to do business in Kentucky with the Secretary of State _____ / _____ Mo. Year</p> <p>4. Is the corporation a member of an affiliated corporate group? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the name and address of the corporation which files federal Form 1120, U.S. Corporation Income Tax Return, for the affiliated group. Legal corporate name _____ DBA name (if any) _____ FEIN _____ Start Date _____ / _____ / _____ Mo. Day Yr. </p>	<p>5. Mailing address for corporation income and license tax returns</p> <p>Mail to _____</p> <p>Street Address or Post Office Box or Route Number _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>County _____ Telephone (Include Area Code) _____</p> <p>6. Does the corporation have separate divisions which operate under the corporate authority? (If yes, attach a separate listing.) <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>7. Does the corporation have interest in any partnership conducting business in Kentucky? (attach separate listing) <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>8. If yes, does the business have property or payroll in Kentucky, other than the partnership property or payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

SECTION E	To be completed by all applicants
<p>Does the business:</p> <p>1. Own or lease any real or tangible property in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Own or lease any real or tangible property outside Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have any employees that work in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have any employees that work outside Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Purchase tangible personal property from sources outside Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Sell tangible personal property in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what products do you sell? _____</p> <p>7. Engage in any services in Kentucky? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what services do you provide? _____</p>

SECTION F	Print or type owner(s), member(s), partner(s) or corporate officer(s) name(s) or business name, title, residence address and Social Security or federal employer identification number(s). <i>(Use attachments if necessary.)</i>		
Name (Last, First, Middle or Business)	Title	Residence Address	Soc. Sec. No. or FEIN

CONTACT PERSON	
Name _____ Title _____	(_____) _____ , _____ Telephone Number (Include Area Code and Extension)
E-Mail Address _____	Fax (_____) _____
<p>➤ If you are applying for a withholding account and/or a sales and use tax permit, would you like to receive a packet to register for Electronic Funds Transfer (EFT)? <input type="checkbox"/> Yes <input type="checkbox"/> No For additional information, call (502) 564-6020.</p> <p>➤ IMPORTANT: APPLICATION MUST BE SIGNED BELOW. The statements contained in this application and any accompanying schedules are hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application. Signature of owner, controlling partner(s) or controlling member(s) is required. If a corporation, an officer must sign.</p>	
Signed: _____	Signed: _____
Title: _____ Date: _____	Title: _____ Date: _____

➤ A \$10 license fee is assessed for **each** new or additional location with a sales and use tax permit, or locations incurring an ownership change. This fee will be billed if not included with this application.

➤ **Mail completed application to:**
 Kentucky Revenue Cabinet, P.O. Box 299
 Frankfort, Kentucky 40602-0299